



PATENT

Attorney Docket No: 37402.010600VPU

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: : Confirmation Number: 4342
Michael STAW : Group Art Unit: 3714
Serial No.: 10/670,777 : Examiner: Hotaling, John M.
Filed: September 26, 2003 :
For: PAYOUT VALUE MODIFICATION SYSTEM AND METHODS

AMENDMENT TRANSMITTAL

Total Pages: 9

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith is a Response Under 37 C.F.R. 1.116 in reply to the outstanding final Office Action mailed on April 11, 2006, in the above-referenced application.

2. Additional papers enclosed:

- ☐ Drawings: ☐ Formal (Corrections) ☐ Informal
- ☐ Supplemental Information Disclosure Statement (PTO Form 1449)
- ☐ Submission of "Sequence Listing." Computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.
- ☐ Change Of Correspondence Address

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136(a) apply.

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60.00 DA

- ☐ Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicants have inadvertently overlooked the need for a petition and fee for extension of time.

- ☒ Applicant petitions for an extension of time for a small entity, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Total Months Requested	Fee for Large Entity	Fee for Small Entity
<input checked="" type="checkbox"/> one month	\$120.00	\$ 60.00
<input type="checkbox"/> two months	\$450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00

- ☒ Extension of time fee due with this request: \$60.00.
- ☒ If an extension of time is required, please consider this a Petition therefor.
- ☐ An extension for ___ months has already been secured and the fee paid therefor of \$___ is deducted from the total fee due for the total months of extension now requested.

4. Fee Calculation:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	AT Rate Of	Total Fees
Total Claims	9	Minus	20	0	x \$25.00 each =	+\$ 00.00
Independent Claims	4	Minus	4	0	x \$100.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 180.00	+\$ 00.00
SUB-TOTAL =						\$ 00.00
TOTAL FEE =						\$ 00.00

5. Fee Payment:

- ☐ No Fee is to be paid at this time.
- ☐ A check for \$00.00 to cover the extension fees is enclosed.

☒ The Commissioner is hereby authorized to charge the 1-month extension of time fee in the amount of \$60.00 to Deposit Account No. **50-0653**.

☒ The Commissioner is further authorized to charge any additional fees associated with this paper, or credit any overpayment, to **Deposit Account No. 50-0653**.

Date: August 11, 2006

Respectfully submitted,

By: 

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